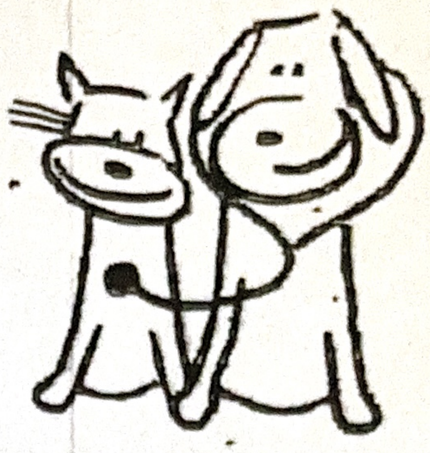
Welcome

to our practice



Abbott Animal Hospital

Client Information

Name _____ Employment _____

Spouse _____ Employment _____

Address _____

City _____ Zip Code _____ County _____

Home phone (___)_____ Work phone (___)_____ Cell phone (___)_____

E-mail address _____

Emergency Contact Name _____ Phone(___)_____

Total number of pets in household, indoors and outdoors _____

Pet Information

Pet's Name _____

Species: ___Dog ___Cat ___Indoor ___Outdoor

Breed _____ Date of Birth/Age_____

Color/Markings _____

Sex ___Male ____Female ____Sterilized

Where was your pet aquired? Friend, Humane Society/Rescue Organization, Stray, Breeder, Pet Store, Other _____

Currently taking heartworm preventative? Yes No Name of preventative _____

Last vaccination date _____ Name of flea preventative_____

List chronic diseases, previous illnesses or surgeries, drug or vaccination reactions we should be aware of

_____

List any medications, vitamins, supplements your pet is taking

_____

Describe your pet's diet, including treats _____

How did you learn aboitt our practice? _____

If by personal recommendation, whom may we thank? _____

Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all the charges ocurred in the care of the animal. I also understand that ALL FEES ARE DUE WHEN SERVICES ARE RENDERED.

Signature of the client responsible for the pet_____ Date_____